

LSTA Grant Award #: 40-

Fiscal Year: _____

July - September
October - December
January - March
April - Project End Date
Liquidation

Library Jurisdiction: _____

Project Title: _____

Project Coordinator: _____ Title: _____

Telephone: _____ E-mail: _____

Completed By: _____ Title: _____

Telephone: _____ E-mail: _____

Authorized Representative: _____ Title: _____

Telephone: _____ E-mail: _____

Signature of Authorized Representative: _____ Date: _____

California State Library
Fiscal Office – LSTA
P.O. Box 942837
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